



Miami-Dade County Public Schools Federal and State Compliance Office

Student Registration Checklist for Parent(s) / Legal Guardian(s)



Parents / Legal guardians must present themselves in-person, with their child(ren), at the assigned school based on residence



- To find your child's assigned school based on your home's address, please [CLICK HERE](#).
- For a directory of principals' email addresses, for questions please [CLICK HERE](#).



Parents / Legal guardians must provide these documents at the time of registration:

- Verification of Age and Legal name, [CLICK HERE](#)**
- Verification of Parent / Legal Guardian Current Residence*, [CLICK HERE](#)**
- Health Immunization Requirement, [CLICK HERE](#)**



Parents / Legal guardians must complete the following forms (included in this packet) at time of registration:

- Home Language Survey Form ([FM-5196](#))
- Emergency Student Data Form ([FM-2733](#))
- Disclosure at Time of Registration ([FM-5740](#))
- Project UP-START Student Questionnaire ([FM-7378](#)) Form can be completed and submitted online by clicking the [Submit Form](#).

Notes: *Verification of Address – Parents / Legal guardians must provide **TWO of the following:**

- Broker's or Attorney's statement of parents' purchase of residence, **or** properly executed lease agreement
- Current Homestead Exemption Card
- Electric deposit receipt or electric bill, showing name and service address
- Miami-Dade County Public Schools Statement of Bonafide Residence – [FM-7444](#)



MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
Last First Middle

Date of Birth ____/____/____ Grade ____ Parent Language _____ Student Language _____
Month Day Year

Date Entered U.S. School : ____/____/____ Ethnic (Check all that apply) Race: White Black Asian
Month Day Year Hispanic ____ (Y/N) American Indian Native Pacific Islander

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is a language other than English used in the home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the student have a first language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

School _____ Date _____ Parent/Guardian Signature _____

ESCUELAS PUBLICAS DEL CONDADO DE MIAMI-DADE
ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento ____/____/____ Grado ____ Lengua Paterna _____ Idioma del Estudiante _____
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: ____/____/____ Origen Etnico (Marque todo lo pertinente) Raza: Blanco Negro
Mes Día Año Hispano ____ (S/N) Asiático Indígena de los EEUU Oriundo de las Islas del Pacífico

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- | | | |
|--|-----------------------------|-----------------------------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |

Escuela _____ Fecha _____ Firma del Padre/Madre _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi Non

Dat Fèt li ____/____/____ Klas ____ Lang paran Yo _____ Lang Elèv La _____
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: ____/____/____ Etnisite (Tcheke tout sa ki aplike) Ras: Blan Nwa Azyatik
Mwa Jou Ane Espayòl ____ (W/N) Amriken Endyen Natif Il Pasifik

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- | | | |
|--|-----------------------------|------------------------------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |

Lekòl _____ Dat _____ Siyati Paran _____



EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Non-Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Is either parent in the Military? Yes No Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes No

Was the full cost paid by you? Yes No What type? Headstart ESE Migrant Other Unknown

EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) (Relation to Student) (Address) (Phone at Work)

(Name) (Relation to Student) (Address) (Phone at Work)

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____

Authorized: _____

Not authorized: _____

Not authorized: _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DISCLOSURE AT TIME OF REGISTRATION

Chapter 1006.07 (1)(b), requires that any student seeking admission to a public school in the State of Florida will provide the following information at the time of initial registration:

1) **Has the student ever been expelled from any school, in or out of the State of Florida?**

YES NO

If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

2) **Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES", please list each and every arrest which resulted in a formal charge.**

3) **Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.**

4) **Please state whether the student has any corresponding referrals to mental health services related to your answers to Questions 1, 2 and 3. If yes, please list them.**

Student's Name _____ ID. # _____

(Please Print)

Ethnic _____ (Check all that apply) Race: White Black Asian
Hispanic _____ (Y/N) American Indian Native Pacific Islander

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



**Miami-Dade County Public Schools
Department of Title I Administration
Children and Youth in Transition Program
2020-2021 Project UP-START Student Eligibility Questionnaire**

This questionnaire is intended to help determine eligibility of services under the federal McKinney-Vento Act. Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of second degree.

Project UP-START services are confidential and this form is not to be shared with outside community agencies.

SECTION A: The student currently has housing that is Fixed, Regular, and Adequate.

Parent/Guardian Initial: _____
Student Name: _____
Student ID#: _____



- Rent/own your home
- Live in foster care placement



Please do not continue completing this form if you checked one of the boxes above. If none of the boxes above are checked, please proceed to the next section.

SECTION B: The student does NOT currently have housing that is Fixed, Regular, and Adequate.

Please continue below if your child is a student that:

The current nighttime residence is... (check only one)	Was displaced from household because of... (check only one)
<input type="checkbox"/> In emergency or transitional shelters, FEMA trailers, or abandoned in hospitals (A)	<input type="checkbox"/> Pandemic (P)
<input type="checkbox"/> Temporarily sharing the housing of other persons due to economic hardship (B)	<input type="checkbox"/> Natural Disaster - Hurricane (H)
<input type="checkbox"/> Living in a vehicle of any kind, trailer park or campground, parks, abandoned buildings, public place, or substandard housing (e.g. no running water no electricity/mold infested) (D)	<input type="checkbox"/> Natural Disaster - Flooding (F)
<input type="checkbox"/> In a motel/hotel due to loss of housing, economic hardship, or similar reason (E)	<input type="checkbox"/> Natural Disaster - Tropical Storm (S)
	<input type="checkbox"/> Natural Disaster - Tornado (T)
	<input type="checkbox"/> Man-made Disaster/Fire (D)
	<input type="checkbox"/> Mortgage Foreclosure (M)
	<input type="checkbox"/> Lack of affordable housing, eviction, mental illness, unemployment, domestic violence (O)
	<input type="checkbox"/> Parents/Caregiver is incarcerated
	<input type="checkbox"/> Unknown/Other: (U)

Please list the names of all students who are active in M-DCPS.

Student Name (Last, First)	Student ID#	Date of Birth	Grade	School/Location #

Current Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____
Contact Phone: _____ **Email:** _____
Name of Parent/Guardian: _____ **Date:** _____

SECTION C: Unaccompanied Youth must complete this section.

- Student is living alone without an adult.
 - Student is living with an adult that is NOT a parent/guardian.
- Caregiver Name: _____

Please complete the FM-7402 (Caregiver's Authorization Form).

SECTION D: Parents, Guardians and/or Unaccompanied Youth must complete this section, prior to submitting the Questionnaire for processing.

The undersigned certifies that the information provided is accurate.

_____ Date _____
Signature of Parent/Guardian OR Unaccompanied Student

SCHOOL/AGENCY STAFF USE ONLY

SCHOOL/AGENCY STAFF CONTACT INFORMATION

School/Agency Name: _____ **Location #:** _____
Staff Name: _____ **Telephone #:** _____ **Extension:** _____

Please fax the following completed forms to 305 579-0370, via email to projectupstart@dadeschools.net, or send forms to Location #9102:

- ▶ FM-7378
- ▶ FM-7402, FM-7404, and FM-7405, as applicable

Note: This form does not trigger a call to the family. For more services, forms FM-7404 and/or FM-7405 must be submitted.

Fax/Email Date: _____